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ABSTRACT

This selection of health education training materials is intended for preservice and inservice training of Peace Corps Community Health Volunteers. Purpose of the training model is to help community health workers become better facilitators and educators as they help motivate people toward a more healthier and more self-reliant life. The introduction provides suggestions for preparing for and carrying out the training program. Twelve sessions cover defining expectations and clarifying objectives of health education training, beginning the program, looking at community health and education, exchanging ideas about health education, working with a group, how people learn, the role of the Peace Corps volunteer as community health worker, identifying community needs and resources, teaching about important health issues, developing and using appropriate teaching aids (one session on story telling, and one session on creating low-cost materials and equipment), and the Health Fair. For each session, these components are provided: objectives, overview, lists of resources and materials, preparation, activities, and handouts. Appendixes include information on working with a group, evaluation ideas, a calendar for a 10-day training program, and a listing of selected resources and references. (YLB)

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HEALTH EDUCATION TRAINING MODEL

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Peace Corps
INFORMATION COLLECTION & EXCHANGE
TRAINING MANUAL NO. T-11

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August 1, 1983

Go in search of your people:

Love them;

Learn from them;

Serve them;

Begin with what they have:

Build on what they know.

But of the best leaders
when their task is accomplished,

their work is done,

The people all remark:

"We have done it ourselves."

(Old Chinese verse)

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INTRODUCTION

This selection of health education training materials is based on ideas and information in the book, Helping Health Workers Learn. It is intended for use both during Pre-service (PST) and In-service (IST) training for Peace Corps Community Health Volunteers. The sessions are a compilation of activities and ideas upon which a training program may be planned and carried out according to the specific needs and resources of the participants, and of the communities where they live and work.

The purpose of the training model is to help community health workers become better facilitators and educators as they help motivate people toward a more healthy and self-reliant life. It is not a blueprint to be followed exactly as written. Rather, it is guide to help you and the participants plan and conduct a training course which is relevant, practical and appropriate to the local setting.

Therefore, it is important to review the sessions and adapt them as necessary. Select options, combine activities, and change the technical focus to reflect the health concerns in the host country as well as the learning needs of the Peace Corps Trainees, Volunteers, and national counterparts who may attend the course.

The materials are designed to be used in conjunction with the Peace Corps Technical Health Training Manual, and to provide the participants with an opportunity to incorporate what they have learned in technical training and to build upon their experience in community health work.

It is intended that, as much as possible, these training materials parallel the kind of learning that is useful on a community level. Participants are expected to take an active role in their own education, and to help make decisions that will affect them. The training model is primarily experiential, and is designed to guide people to solve problems both individually and in cooperation with others. It reflects the belief that people are capable of self-direction and creativity when they are encouraged to apply knowledge, skills and experience in ways that are relevant to the work at hand.

The following suggestions are included to help you prepare for and carry out the training program:

1. Become familiar with the content and approach of Helping Health Workers Learn well in advance of the training program.
2. Meet with the technical training staff, the APCD or program manager for health, and PCVs to learn about past programs and current concerns. In both PST and IST, it is a good idea to have experienced PCVs assist you in planning and carrying out the program.
3. Arrange for an appropriate training site, with access to a community, and housing with families of modest means or in simple surroundings. Emphasize local involvement during training, and try to cooperate with local clinics and other health services, schools and community resources.

4. If possible, have national counterparts attend the course. This will provide continuity in the work that the PCVs are doing, and will enhance the learning of all involved.
5. Find out about the participants before the program begins. Send a questionnaire to them to learn about their education and experience in health work and community service, interests and needs concerning health education and this training course, and a description of their current or future work as a PCV.
6. Prepare a list of training goals and objectives, a general outline or calendar for the course, and a brief explanation of the methods and approach to be used. Send each participant a copy before the program begins.
7. Find out what resources will be available to you. Obtain health education materials developed in-country by the Ministry of Health and other agencies, and gather materials which are available from Peace Corps. Locate and meet with community health workers and other practitioners to include them in appropriate parts of training.
8. Allot adequate time ahead of the course to take care of details. Don't arrive one day and begin a course the next. At the end of training, take some time to make a written evaluation to local Peace Corps staff, including recommendations for subsequent training programs. If others have done this before you, read their reports.
9. Plan the schedule to allow the participants enough time for study, reflection, recreation, workshops, committee meetings, preparation and practice for demonstrations, field trips and other activities. It is important not to over-plan. Follow the guidelines for planning a training program in Chapter 3 of Helping Health Workers Learn.
10. Have regularly scheduled activities for each day, such as demonstrations using teaching materials already developed by PCVs and others; practice sessions using Where There is No Doctor to recognize and treat or refer illnesses; and optional workshops offered by the participants and local health practitioners. Plan evening activities that combine social as well as work-oriented goals.
11. Ask the participants to complete the recommended reading in Helping Health Workers Learn before each relevant session.
12. Include evaluation time during the program. Hold brief meetings for looking at sessions, group dynamics and course content throughout the training. Refer to Appendix B, "Ideas for Evaluation."

13. Plan the program so that the participants take a major responsibility for the course. This includes sharing responsibility for tasks in committees, peer teaching, and evaluating and improving the training. It also may include marketing, planning and preparation of meals on a rotating basis.
14. Remember to include variety in the program. People will use ideas that they have found helpful in their own education. Plan activities and games which encourage cooperation, and that can be used during community work. Refer to Appendix A, "Working with a Group." At the end of the course, have a celebration with skits and songs about training. Provide recognition in as many categories as there are participants: best song, best story, most original teaching materials, etc. Have certificates of attendance made for each person. Above all, encourage people to be playful and enjoy themselves as they learn.
15. Have faith in the group. Trust that people are creative, willing to learn and capable of surpassing your highest expectations. They will not disappoint you.

DEFINING EXPECTATIONS AND CLARIFYING OBJECTIVES
OF HEALTH EDUCATION TRAINING

OBJECTIVES:

- To review the planned content and approach of the program
- To define and clarify expectations that participants have for the program
- To promote a sense of group spirit as people get to know one another

OVERVIEW:

In this preliminary session, participants have the opportunity to examine their expectations of training, and to clarify their perceptions about the scope and content of the program. An important first step is taken as well: establishing a friendly and open atmosphere in which to work.

RESOURCES:

Helping Health Workers Learn, Chapter 4

Appropriate Community Technology Training Manual, Session 2, Phase I
From the Field, Section I

The New Games Book, pp. 137-140

Playfair, pp. 60-77

MATERIALS:

Newsprint and markers
Blank sheets of paper

PREPARATION:

Well in advance of the program, each participant should receive:

- a list of objectives, including the purpose of the In-service training (IST) or Pre-service training (PST)
- a preliminary calendar or outline of the course, including a note to the effect that the calendar may be changed after the participants' needs are assessed once the training begins
- an explanation of the approach to training, including some specific ideas about what will be covered and how it will be conducted

HANDOUTS:

Have extra copies of the above-mentioned materials on hand for the participants to review.

Trainer Note:

It is important that the participants have an opportunity to see ahead of time what has been planned, so that they can have some information upon which to base their expectations. This session aims to make these expectations both clear and realistic.

If possible, all staff and assistants (such as Peace Corps Volunteers who are helping you) should participate in this session.

We have included a number of activities to meet the objectives in this as well as in subsequent sessions. Choose from among the options, adapt them to meet program needs, or substitute your own.

ACTIVITIES:1. (15 min.) Icebreaker Options

- A. If people do not yet know one another's names, have all group members, including staff, sit in a circle so that all are visible. Begin by saying that each person is to choose a descriptive word that starts with the same letter as that person's name. For example, Jealous Jerry, Vivacious Vivian, Daring Dora, Big Barry. Each person says his or her own name and descriptor as well as the names of those before, until the circle has been completed.
- B. Refer to pp. 4-6 through 4-8 in Helping Health Workers Learn for other icebreakers.
- C. Refer to Appendix A, "Working with a Group" for ideas.

2. (Each activity, approx. 45 min. - select one or two activities)

A Look at Expectations and Doubts

- A. The participants form small groups and talk for about 15 minutes regarding hopes and doubts they have for the program. Some questions to get the discussion going may be posted, such as:

- Why did you come to this training?
- What do you hope to get done here?
- What is the best thing that could happen? The worst?

Then, each group draws a picture that represents the hopes/expectations and doubts of their group--this might be a composite of the group or a highlight of each person's hopes and doubts. Ask participants to keep words to a minimum in the drawing; they should try not to use any.

The groups re-assemble and present the drawings to the large group.

As the groups talk, make a list of hopes and doubts in two columns on newsprint.

- B. The participants spend about ten minutes jotting down their "expectations fulfilled"--that is, what the perfect program would be like.

Then, they give the same amount of time to writing a "worst case scenario." These should be anonymous.

Post them and have people go around and read what others have written.

Make a list of hopes and doubts, as in Activity "A."

- C. Each participant divides a piece of paper into fourths.

In the upper left square, each person draws what they hope to have happen in training.

In the upper right quadrant, they depict some barrier or obstacle to fulfilling their expectations.

In the lower left, they draw some way of overcoming the obstacle.

In the fourth square, the participants draw how they think they will use what they have learned in the program in their later work.

Again, keep a list of hopes and doubts.

3. (15 min.) Review

Look at the list of hopes and doubts along with the objectives and purpose of the program. Compare the group's comments with the program plan to find out if people are in agreement, or if modifications need to be made in view of expectations, needs or interests.

4. (15 min.) Sum-up Discussion. Talk about:

- What fears or doubts seemed to come up repeatedly?
- What do people hope to accomplish during the program?
- How can the program be most practical and relevant?

Trainer Note:

The list of expectations/hopes and doubts may be used during periodic evaluations: Is the program living up to expectations, meeting needs, providing the kind of education that participants find useful? At the end of training, both the drawings and the lists may be used as reference material to evaluate the entire PST or IST, and to make recommendations for the future. Refer to Appendix B, "Ideas for Evaluation."

Point out that the participants' concerns and learning needs will be examined in more detail during the next session.

BEGINNING THE PROGRAM:
IDENTIFICATION OF GROUP NEEDS AND RESOURCES,
SETTING UP COMMITTEES

OBJECTIVES:

- To identify participants' problems and needs concerning community health work
- To begin to plan training activities which meet the needs of the participants
- To share responsibilities among the participants for carrying out the program

OVERVIEW:

From the start of the training program, the participants are encouraged to take an active role in making the course relevant to their work in community health. For training to be responsive to the learners' needs and problems, they must decide what is most important. Therefore, in this session, they begin to share responsibility for the program by cooperating in the planning and implementation of training activities.

RESOURCES:

Helping Health Workers Learn, Chapters 3 and 4
Appropriate Community Technology Training Manual, Phase I, Session 3
Playfair, pp. 73-78

MATERIALS:

Newsprint and markers, or
chalkboard and chalk

PREPARATION:

It is a good idea to have on hand any pre-training skills assessment questionnaires that the participants have completed, so that you will have a clear picture of the range and level of skills in the group, and of the potential needs for training. Refer to any biographical information available from Peace Corps so that, if possible, participants are spared the task of completing yet another questionnaire.

In the eventuality that there is no information available, make sure that some pre-training skills and needs assessment is done for each participant.

Make a list of committees for sign-up.

HANDOUTS:

"Human Treasure Hunt" (Attachment A)

"Resources and Needs Interview Form" (Attachment B)

ACTIVITIES:

1. (20 min.) Human Treasure Hunt

This is a variation on a "scavenger hunt" with the difference being that the aim is to find hidden treasures within the group; that is, resources, talents and interests of the participants. Tell the group that the purpose of the activity is to catch up on what has been happening in the lives of people they already know, and to become better acquainted with people they may not know very well. Distribute the instruction sheets (Attachment A) and begin the activity.

Trainer Note:

The questions in the scavenger hunt may be adapted to focus on particular themes, and may be used in a variety of situations. The accompanying example will give you an idea of some possibilities. You may want to have participants add their own ideas or otherwise modify the instructions.

Post the completed instruction sheets so that people can see the range of resources in the group.

Activity #2 may be omitted if the contents are adapted for use in the Human Treasure Hunt.

2. (Each activity, approx. 30 min. - select one of the following)

Learning About Resources in the Group

- A. Each participant chooses a partner. They interview one another, and fill out the "Resources and Needs Interview Form" (Attachment B).

When they have finished, ask the participants to post the results and walk around the room to review them.

Trainer Note:

When the group is composed of people who already know one another, but the trainer does not know them, the following activity may be used.

- B. Each participant chooses a partner whom they do not know very well. They interview one another, focusing on the following questions:

- What kind of past experience does your partner bring to Peace Corps service? This includes education, work experience, and interests regarding health and development.
- What kind of work experience has your partner had so far as a PCV?
- How can your partner be a resource to this group?
- What needs does your partner have for this training program?

After the interview, which should last about ten minutes per person, each person makes a drawing which describes their partner's answers to the questions, and then presents it to the group.

3. (10 min.) Discussion

Talk about the range of skills, interests and talents that exist within the training group. Focus on the possibilities for using the group's resources in sessions and optional workshops. Refer to the skills and interests included in the pre-training questionnaires.

Trainer Note:

The information gathered during the first two activities should be given to the planning committee later in the session so that they can begin to coordinate workshops, etc. based on the resources and needs of the group.

4. (20 min.) Group Needs Assessment

Ask the group to brainstorm a list of their needs and problems during Peace Corps service. In PST, ask for ideas about problems and needs that were identified during earlier training. Some questions to begin the flow of ideas are:

- What are your weakest areas as a health worker?
- What kinds of things do you wish you knew more about, or would like to do better to help you in your work?

For each problem listed, ask if it is significant for the group members. Write the number of people who respond "Yes" (see the following Trainer Note for illustration).

Ask the participants to select two or three of the concerns listed that they consider to be most important. Write the appropriate number after each item.

Add the numbers in the "Significant for You" column and the "Top Problem" column and put the total in "Importance" column.

Go through the list of top problems and ask participants to respond to the question, "Do you think this training program can help you to solve this problem?" Check the ones which training may address.

Trainer Note:

This activity is similar to the community needs assessment on page 3-14 of Helping Health Workers Learn. It is valuable for the group to look at their own problems and needs, and their priorities. Remember that in asking which concerns may be addressed by training, it is understood that there are limits to what training can achieve. There are two kinds of limits. One kind of limit says, "this course cannot be helpful in solving a certain problem." The other kind says, "time constraints keep this course from addressing every problem that it may be helpful in solving." This exercise helps the group to concentrate on the solvable, while at the same time limiting themselves to an approachable number of things to deal with. Participants should look at the exercise as being one of choosing items from the overall course "menu" which has already been established. Remember to refer to the list of "hopes" and "doubts" from Session 1 during this activity. An illustration of a sample chart follows.

CONCERN	SIGNIFICANT FOR YOU?	ONE OF TOP PROBLEMS?	IMPOR-TANCE	ADDRESS IN THIS PROGRAM?
staying healthy	(number of people who say "yes")	(number of people who list this in their top two or three)	(add both #s)	(check the ones from column 3)
getting people involved				
learning languages				
fatigue				
can't do anything new				
curative vs. teaching role				
dealing with death				
working with counterparts				
working with Ministry				
support from Peace Corps				

5. (10 min.) Discussion

Give examples of activities which might be used to deal with the areas of concern. Ask for suggestions from the group.

Trainer Note:

Take a short break before continuing the session. Throughout the course of the training, it is a good idea to schedule occasional breaks between activities as needed by the staff and participants.

6. (10 min.) Setting Up Committees

Post a list of committees for the training course, and review the responsibilities and duties of each. Ask if there are suggestions for additional or different committees or tasks.

Trainer Note:

It may be that committees have already been established earlier in Pre-service training, or that this format may need to be modified, depending upon the training program--adapt these suggested ideas as appropriate. Remember, the more that people are involved with carrying out the program, the greater the likelihood for its success.

The following committees have been useful in past programs:

-Planning: Arrange the schedule in cooperation with staff, invite guest instructors and speakers, schedule workshops and optional activities, provide creative learning events, including ice-breakers and energizers, post calendars and bulletin boards.
NOTE: The last two tasks may be shared or taken over by another committee.

-Site and Materials: Make sure that the area is kept reasonably neat, and that materials and tools are available; may also take charge of bulletin boards and other posted materials.

-Recreation: Organize group activities, especially sports, games, parties, energizers. Provide variety and activity to keep group spirit and health up.

-Recording: Take notes, make sure handouts are available, make copies of the materials and distribute them, make sure information gets to the participants.

-Evaluation: Lead discussions about how the program is going, develop methods to evaluate and improve training.

continued

Trainer Note, continued

-Library and Resources: In longer courses, set up and maintain a library. In short courses, gather resources for use.

-Food: Coordinate efforts to make sure meals and snacks are nutritious and appealing. If appropriate, set up a list of rotating responsibilities for marketing, meal planning and preparation.

It is a good idea to have a regularly scheduled time for committees to meet during the program. Participants may wish to practice ideas in Helping Health Workers Learn as part of committee duties. For example, they may use drama or song or visuals to share information with the rest of the group.

One of the committees should have the task of making a flannel board to illustrate the needs assessment activity which the group has just completed on the chalkboard. Refer to pages 3-14 through 3-16 of Helping Health Workers Learn. The flannel board will be used during the rest of training to check on how the needs and concerns of the participants are being met.

8. (15 min.) Committee Meeting Reports

The entire group meets to talk about what needs to be done, how committees will work together, how information will be shared. The group should set a time for the next committee meeting.

9. (5 min.) Session Review

Highlight parallels between this training program and community work.

SESSION 2

Attachment A:
HUMAN TREASURE HUNT

Instructions: Fill out as many as you can of the items on this sheet. Please speak to people rather than using any prior knowledge you may have about them. Put the appropriate names and information in the spaces provided. Try to fill in at least one item for each person you contact. Ready?

1. Find two people who work at least 10 hours each day. Find out what they enjoy most about their jobs.

Person 1: _____ Enjoys: _____

Person 2: _____ Enjoys: _____

2. Find three people who see themselves as creative. Discover the key to their creativity.

Person 1: _____ Key: _____

Person 2: _____ Key: _____

Person 3: _____ Key: _____

3. Find someone who has "bombed" once in working with a group. What was the main reason?

Person: _____ Reason: _____

4. Find someone who can sing three commercial jingles.

Person: _____

5. Find someone who remembers a favorite game from childhood. Learn it.

Person: _____ Game: _____

6. Find someone who has had a serious illness. How did they recover?

Person: _____ How? _____

7. Find someone who feels the same way you do about rural women. How is that?

Person: _____ Feeling: _____

(cont'd.)

SESSION 2
Attachment A

-2-

8. Find someone who has had a supervisor or counterpart of the opposite sex. How was or how is that experience?

Person: _____ Experience: _____

9. Find two people who feel that they have a good balance between their "work life" and their "home life." Find out how they maintain their balance.

Person 1: _____ How: _____

Person 2: _____ How: _____

10. Find three people who are Doonesbury devotees.

#1: _____ #2: _____ #3: _____

11. Find someone you don't know very well. Remedy that. Find a "hidden" talent of theirs.

Person: _____ Talent: _____

12. Find someone who has an interesting tidbit about local health customs. What is it?

Person: _____ Item: _____

Attachment B:
RESOURCES AND NEEDS
Interview Form

Instructions: Spend time with your partner, learning about his or her interests, work experience, and talents. After about 10 minutes, fill in the blanks on this sheet based upon what you have learned. Check with your partner to see if the information is accurate, or if additional information is necessary.

_____ can be a resource to our group in
(name)
the following ways:

...and, would like to find people who are interested in _____
_____ during this course.
(activity, topic, etc.)

...and, is willing to share the following skills with us during
training (for example, offering workshops, sharing one-to-one, or
working on a committee): _____

A LOOK AT COMMUNITY HEALTH AND EDUCATION:
PROJECT PIAXTLA

OBJECTIVES:

- To observe and reflect on ways of using local strengths in providing community health care
- To examine a successful community-based and run health project and to find useful ideas and applications from that work
- To analyze methods and approaches in community health care and education in order to compare them to in-country Peace Corps work

OVERVIEW:

This health education training program is based upon materials developed, in part, as a result of Project Piaxtla, so it is useful for participants to learn more about the kind of work being carried on there. During the slide presentation of the project, the participants discuss a variety of ideas that relate to health, local self-reliance, education and community involvement.

RESOURCES:

Helping Health Workers Learn, page Back-13

Slide Presentation: "Project Piaxtla, a Villager-run Health Program in Mexico"

Where There Is No Doctor

MATERIALS:

Slide projector and carousel or tray
Sheet, screen or blank wall

PREPARATION:

Review the slides and script before the presentation.

Trainer Note: _____

If the slide presentation is not available, or for some other reason is not used, you may wish to substitute one of the following ideas.

- Use the script from the Project Piaxtla slide presentation as a basis for discussion.

continued _____

Trainer Note, continued

- Use Peace Corps Volunteer documentation of a village health project
- Consult with the APCD or Program Manager concerning other health projects that may be used for discussion.

You may want to use a low-cost, battery operated filmstrip and slide projector. For more information, contact World Neighbors or ESB, Inc., P.O. Box 8109, Philadelphia, PA 19101.

For this and other slide presentations, we suggest that participants take an active role in the set-up, narration and discussion. They may also use some of the slides to create their own presentations on a variety of health topics, teaching aids, or community problems.

ACTIVITIES:

1. (10-15 min.) Group Energizer (as selected by participants)

Trainer Note:

One of the functions of the planning or recreation committees might be to devise icebreakers/energizers. This could be their first opportunity to present one to the group. Or, refer to Appendix A, "Working with a Group" for other ideas, or substitute your own.

2. (1 hour) Slide Presentation

Follow the script accompanying the slides. Have participants take turns reading the narration. Stop and discuss individual slides as appropriate.

3. (20-50 minutes) Discussion

Use the comments and questions that arise from the group. Include the following questions to stimulate an exchange of ideas:

- Why does this project seem to work well? (Remember that David Werner was a part of the project for ten years.)
- What problems can you imagine that there might be in a project of this type? If it were in this country? How could obstacles and problems be overcome?
- Which ideas or approaches seem applicable to your situation in Peace Corps? Which ones don't?
- How could a slide show or similar documentation be used in community health work in this country? For what purpose?

- How might a PCV work toward establishing continuity in a community health project?
- If a PCV tried to create a version of Project Piaxtla, how successful do you think it would be?
- How is health education addressed in Project Piaxtla?
- What health education methods are used? How are tradition and local materials and resources utilized?
- What role does it seem that the community plays in health education?
- Whose role is it to educate a community? What part should a Peace Corps Volunteer take?

Trainer Note:

Point out that many of the questions raised will be discussed again during the session on the role of the PCV as community health worker. It is probable that the questions that are explored will provide the basis for continued discussion, and you may want to allow time for a more thorough exchange of ideas.

Some of the problems and concerns raised during the discussion could be used in a dramatization, case study, role play, etc.

EXCHANGING IDEAS ABOUT HEALTH EDUCATIONOBJECTIVES:

- To share and evaluate the methods, ideas, and teaching aids that participants have used in their work in community health, or that have been learned during technical training
- To develop criteria for evaluating the effectiveness of health education methods and materials

OVERVIEW:

Some of the most valuable resources for health education exist within the training group. This session gives participants the opportunity to share and evaluate methods and materials they have developed and used either during Peace Corps service or during technical training. In this way, a variety of approaches and teaching tools are examined for possible adaptation and use by others in the group.

RESOURCES:

Helping Health Workers Learn, Chapter 11

Audiovisual Communication Handbook (in Audio-Visual/Communications Teaching Aids Resource Packet)

Health Education, Chapter 12

PCV experiences, materials brought to the training program

MATERIALS:

Newsprint and markers or chalkboard and chalk

PREPARATION:

Before the training program begins, communicate with the participants and tell them to bring at least one example of a teaching aid they have used or developed.

Before the session, allow time for the participants to prepare a presentation which demonstrates and describes the method or idea they have brought to share with the rest of the group.

ACTIVITIES:

1. (15 min. for each presentation) Sharing Ideas

A participant leads a short session on the development, use and evaluation of a teaching tool or method which has been brought to training for this purpose.

Trainer Note:

It is a good idea to have only two or three presentations per session, and to schedule Session 4 over a period of days so that the participants are not overloaded with too many new materials and ideas at once. Each short session should include a presentation of the method or tool, as well as a description of what was involved in its development. The examples do not necessarily have to be ones which have been successful. The purpose of the activity is to share and examine a variety of health education ideas, and discuss their effectiveness and potential for use or adaptation in the field.

In Sessions 4, 9, 10 and 11, the participants are encouraged to examine and use a variety of techniques and tools. Make sure that as many approaches as possible are included. For example: story-telling, (role play, drama, puppetry); visual aids (flannelboards and flexiflans, slide presentations, posters, drawings, flip cards, comic books); discussions and demonstrations; and low cost equipment and materials. By the end of training, each participant should have experience with at least four different methods for health education. This preliminary session is intended to begin the process of sharing ideas and developing appropriate tools.

For Pre-service training, the participants may share an example of a teaching tool or method which has been used during technical training. If this is not feasible, they may exchange ideas which they have used in work prior to Peace Corps service.

2. (10-15 min. per presentation) Discussion

The group reviews the presentation and develops criteria for evaluating teaching tools and methods by using the following questions to guide the discussion:

- What are some ideas you can use to determine the value of a teaching tool or method?
- How can you stimulate audience participation?
- How can you tell if a method or tool is appropriate for its intended audience?
- What are some characteristics of a successful teaching tool or method?
- What aspects of the teaching materials presented today did you find interesting or useful?
- How could the content or appearance of the materials be improved?
- In what other ways could the materials be used to share information with a different group of people or to focus on another technical area?
- What are some advantages and drawbacks of the method or tool presented?

Trainer Note: _____

Make and post a list of the criteria developed. Use it in Session 9, 10, 11 and throughout training to evaluate presentations and demonstrations. The criteria list may also be used as a theme for reference material, such as a bulletin board or other visual aid.

WORKING WITH A GROUP:
DYNAMICS AND FACILITATION SKILLS

OBJECTIVES:

- To define, discuss and practice active listening and other facilitation techniques that are important in community health work.
- To examine how groups operate to share information and work cooperatively

OVERVIEW:

One of the most important skills for the community health worker is to be an effective group motivator and facilitator. In this session, participants gain practice in active listening, and work together to complete a task as a group. They discuss the characteristics of a good facilitator, and the cultural factors to consider in working with a group.

RESOURCES:

Helping Health Workers Learn, pp. 4-9 and 4-10
From the Field, pp. 54-55
The New Games Book, pp. 7-20 and 83-90
Playfair, pp. 86-88

MATERIALS:

Newsprint, markers
Index cards or slips of paper

PREPARATION:

Make up slips of paper or index cards with discussion topics on each one (see Activity 5-B).

Ask one of the committees to come up with a group starter/energizer to begin the session.

HANDOUT:

"The Characteristics of a Good Group Leader/Facilitator"
(Attachment A)

ACTIVITIES:

1. (10 min.) Group Energizer

Use the suggested activity, or substitute another one.

Telephone: Compose a message, such as "Tomorrow is the health center inauguration. We will visit it with gifts of gourd babies, flexiflans, and copies of Where There Is No Doctor, as well as a film crew to make a movie of the celebration."

Everyone sits in a circle, and the person giving the original message whispers it one time only to the next person, and so on, until the circle is completed. The last person to hear the message repeats it aloud, in whatever form it arrived.

When the activity is over, discuss what may happen when a specific message is repeated and transmitted a number of times.

2. (Approx. 10 min. each) Active Listening (select one or both activities)

- A. Pleasant Memories: This activity is conducted with a partner. The first person to speak talks for one or two minutes on pleasant memories (of childhood, of being in school, of travel, etc.) and their partner listens very carefully, saying nothing. It is important that the listener not speak, but does pay careful attention to what is being recalled. Then, the partners change roles. At the end of the activity, the partners take a few minutes to talk about their reactions as speaker and listener.
- B. Who's Listening: In pairs, one person describes in enthusiastic detail something they really like to their partner for about 30 seconds. Meanwhile, the other person should make an effort to act as disinterested as possible to convey the feeling that what the partner is saying is of no value or interest. Call "time," and have partners switch roles.

3. (20 min.) Discussion

At the end of the exercise, ask the group:

- What did it feel like to be the speaker? The listener or non-listener?
- How did your partner let you know that what you were saying was interesting or of no interest?
- What are some cultural factors that enter during such a conversation in this country? Do people make eye contact? What kind of space is kept between people?

Make a list of the characteristics of a good listener that come out of the discussion.

Ask: What is the role of a discussion leader or facilitator? Refer to the list of characteristics of a good listener, and incorporate those suggestions as appropriate.

Trainer Note:

The attachment on characteristics of a good group leader may be distributed to the group after the discussion, or used as a guide during the activity.

4. (Approx. 30-45 min. each) Group Dynamics (select one or both)

- A. After a short break, the participants form two groups, one with the majority of the group and another of three or four people. Brief the smaller group (the observers) during the break. Tell them that they should watch the dynamics of the group, and notice what roles people take during the following activity. The rest of the group is given this situation:

A PCV who was a health worker in one of the earliest groups in this country has returned for a visit during your job conference. It is your task to tell her what has happened in the past twenty years. Your group will decide what to say to her, and how you will go about the task.

Have the observers report what they saw, how decisions were made, what the group did to complete the task. Refer to the list of characteristics of a good discussion leader/facilitator (Attachment A).

Trainer Note:

During the activity, group members will have to come to agreement on what will be reported and how the task will be completed. The discussion should focus on the group dynamics during the task, such as leadership roles, cooperation, competition, and listening skills.

- B. Distribute health discussion topics to groups of five or six people, and ask for a volunteer to be the facilitator and lead a five or six minute discussion on the topic chosen. Each person in the group should take a turn at being the facilitator on the same topic.

The participants return to the large group and talk about problems encountered during the discussion, as well as things that worked well.

5. (20 min.) Discussion: The Role of a Facilitator

Some questions to stimulate ideas:

- What kind of behavior on the part of a facilitator is helpful?
- What should the facilitator do if people have conflicting views in a group?

- How can sensitive or explosive issues be handled?
- What should the facilitator do if people don't participate?
- How can the facilitator keep one person from monopolizing the discussion?
- What are some ways of building questions based on responses?
- How can a facilitator keep the discussion focused?
- What application does this all have to your work in a community?

Trainer Note:

It is possible that participants have had sessions on facilitation and group dynamics before this training program. If that is the case, modify the session so that it is not a repetition of material already covered. A role play on common problems might be substituted, followed by a discussion of how to improve the dynamics, then a re-working of the role play to incorporate the suggestions. If participants have not completed the exercise, "How I Behave in a Group" before, this session is a good time to do it. Distribute the following questionnaire:

When I am in a group, I generally:

- prefer to sit quietly and listen to others
- feel quite at ease in participating in discussion
- find myself ready for some form of leadership role
- sometimes wish I could take over and structure the discussion
- feel ill at ease
- prefer to listen awhile and then participate in the discussion after I have a feel for the group
- other (specify)

There are several ways of conducting this survey. You can have the participants fill it out and discuss it in the large or small groups. Or, have them fill out the survey anonymously and have the small discussion groups collate the answers and come up with a profile of their group.

THE CHARACTERISTICS
of a
GOOD GROUP LEADER/FACILITATOR

A group leader, sometimes also called a facilitator, is someone who clears the way for learning.

A GOOD GROUP LEADER...

- is friendly and relaxed
- treats people as equals, and is honest with them
- helps make people feel comfortable (sometimes it helps to have everyone, including the group leader, sit in a circle so they can see each other's faces)
- draws information out of people from their own experiences whenever possible, and helps them see how their own skills, knowledge and experiences relate to the concerns of others
- uses words that people understand, and speaks clearly
- asks many questions, and is a good listener
- encourages people to find their own answers when possible, even when the solution may seem obvious, or it might be easier to supply an answer.
- points out useful information and ideas that have come from the people in the group
- invents ways to help people test new skills in real situations
- helps the group when progress is slow, to suggest other ways of moving or getting things done
- discovers with people and from them what they need to learn
- respects people, and does not mock them, or make fun of their mistakes or weaknesses
- recognizes the value in making mistakes and learning from failures and "wrong" answers
- uses teaching aids that are appropriate to the group (these are usually locally available, low-cost, and are things that people in the group can use or create later)
- IS ALSO A LEARNER AS WELL AS A TEACHER!

HOW PEOPLE LEARNOBJECTIVES:

- To identify situations in which learning may occur
- To examine obstacles to learning, and devise ways to overcome them
- To identify effective teaching methods and techniques, and to gain practice in using them.

OVERVIEW:

In this session, participants look at and use a variety of teaching methods, comparing the advantages and disadvantages of each. In this way, they are guided to examine their own approach to learning and to explore ways of improving their skills as educators.

RESOURCES:

Perspectives on Non-Formal Adult Learning, pp. 85-88

Helping Health Workers Learn, Chapters 1, 5 through 7, 11 through 19, and 26

From the Field

Bridging the Gap

"The Experiential Learning Model" (Attachment B)

MATERIALS:

Newsprint and markers, or
chalkboard and chalk

HANDOUT:

Photo Parade Observation Form (Attachment A)

PREPARATION:

Become familiar with the experiential learning model (use Attachment B).

Have participants plan a group energizer for the start of the session.

Locate a number of pictures illustrating learning and teaching situations. (Refer to Helping Health Workers Learn, pp. 6-14, 11-7, 11-18, 22-1, 22-3, and 25-17.)

Make copies of the Photo Parade Observation Form for participants.

Write role play situations on slips of paper (Activity #5).

ACTIVITIES:

1. (10 min.) Group Energizer - as planned by participants

2. (15 min.) Photo Parade

The participants form groups of six to eight. Each group is given a set of identical photographs, or is guided to use some of the photos in Helping Health Workers Learn showing learners and teacher in different roles, e.g., non-directive, directive, in discussion, or in lecture. Participants look at one photo at a time, individually, and fill in the appropriate space on the Photo Parade Observation Form (Attachment A). After each photo is studied, it is passed to the next person on the right, so that everyone receives another photo from the person on their left. When the full parade of photos has passed, the responses for each picture are discussed and compared.

3. (15 min.) Discussion

In small groups, participants should discuss the following questions:

- What are some things that you failed to learn in the formal school system, but that you learned on your own later on?
- What are some things that you have learned that didn't occur to you to learn in your formal schooling?
- What factors made you ready to learn, or took away obstacles to your learning?

4. (10 min.) Brainstorm

The entire group meets to compile a list of situations and methods which encourage learning (refer to page 1-1 of Helping Health Workers Learn).

5. (1½ hours) Role Play

A number of situations are provided to illustrate different scenarios for learning. Small groups of participants each take one of the situations and devise two ways of teaching the information. They prepare brief role plays, and the presentations are given to the entire group for discussion and evaluation.

Trainer Note:

Each role play situation should be written on a separate slip of paper. Suggestions for the learning scenarios are:

- A PCV teaching a mothers' group about the importance of drinking clean water

continued

Trainer Note, continued

- A PCV and a local nurse making a home visit, and telling why it is important to keep flies off food
- A PCV and a doctor in a clinic showing how diarrhea and dehydration are dangerous to a sick child brought in by a mother
- A PCV and a local health worker showing a group of community members how to stop a cut finger from bleeding
- A PCV health workers showing a group of women how to construct a simple box for food storage

6. (10 min.) Sum-up Discussion

Questions to guide this discussion include:

- What are some potential problems in teaching or sharing information at the village level?
- How can community members be involved in their own education?
- What are some ways of breaking down barriers to learning?
- What kinds of learning are traditional in your community?
- What kinds of learning situations seem to work well in your community?

Trainer Note:

At the end of the session, assign each small group the task of preparing a presentation on a health topic to be given in a future session. Encourage the participants to use methods and aids described in Helping Health Workers Learn or in other resources available from Peace Corps. The presentations are intended to incorporate technical areas into the realm of health education. Themes may be drawn from current study in technical training (for PST) or may focus on specific health problems that exist in local communities.

An optional activity for this session is to have the participants teach one another a skill, and discuss what was helpful in the technique, what barriers existed, and how the learning was finally accomplished.

The slide show, "Homemade Teaching Aids - Principles and Examples" by the Hesperian Foundation may be shown soon after this session.

Attachment A:
PHOTO OBSERVATION FORM

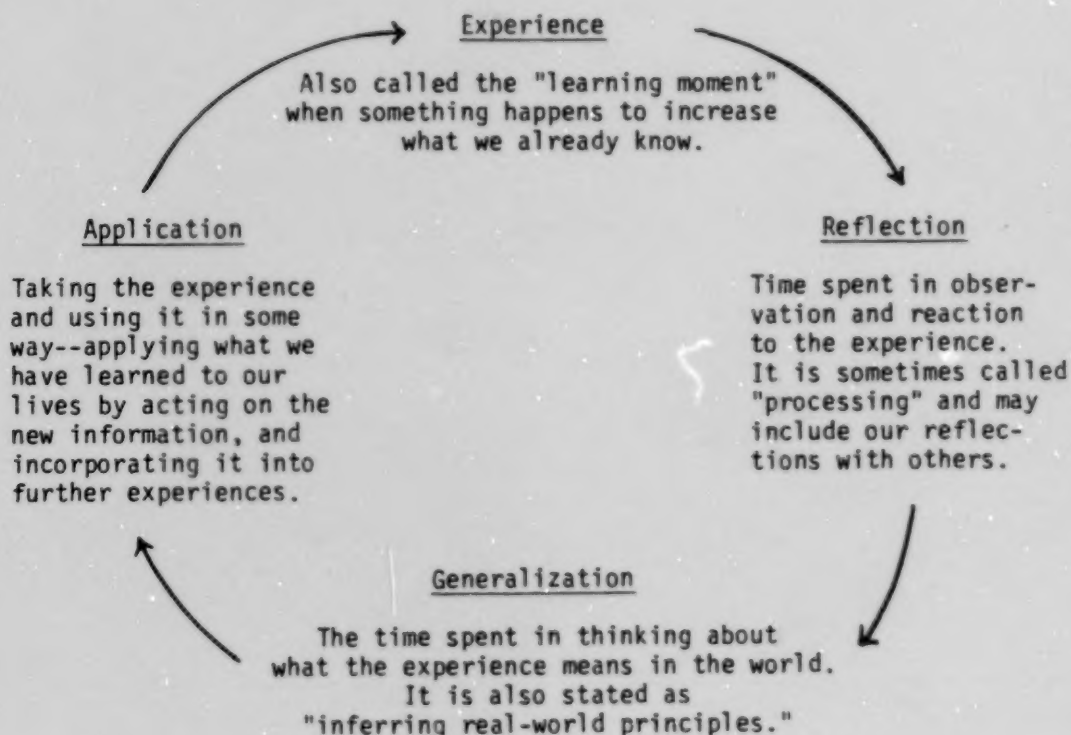
Photo: 1 2 3 4 5

1. WHO IS THE EXPERT IN THIS PHOTO?
 - a. health worker
 - b. participant
 - c. both
2. WHAT ROLES ARE THE PARTICIPANTS PLAYING?
 - a. active
 - b. passive
 - c. can't tell
3. HOW MANY OF THE PARTICIPANTS SEEM INTERESTED?
 - a. few
 - b. many
 - c. all
4. HOW WOULD YOU CLASSIFY THE COMMUNICATION THAT IS TAKING PLACE IN THE PHOTO?
 - a. from health worker to learners
 - b. from learners to health worker
 - c. mutual
5. HOW WOULD YOU DESCRIBE THE HUMAN RELATIONS HERE?
 - a. authoritarian or dependent
 - b. mutual respect
 - c. can't tell
6. IS THE HEALTH WORKER'S ROLE IN THIS TYPE OF LEARNING SITUATION EASY OR HARD?
 - a. easy
 - b. hard
7. DO THINK THE APPROACH SHOWN HERE IS APPROPRIATE TO VILLAGERS?
 - a. in most situations
 - b. some situations
 - c. never

Attachment B:

THE EXPERIENTIAL LEARNING MODEL

When we learn something--a task, a skill, knowledge of some sort, or even how to avoid something, like a hot stove--we go through stages of absorbing the new information, and finally using it in a way that has meaning to us. The learning loop, as it is called, may be visualized like this:



An illustration: A child approaches a hot stove and tentatively puts a hand out to feel what is there. As his hand touches hot metal, he withdraws it and cries out in pain. He thinks, on some level, "stoves are hot, they burn and cause pain." Next time (or however many times it takes to make the connection), he is cautious about touching stoves and may not even want to go near one, hot or cold, for a long time. First, there was the experience of burning and pain; then, of reflecting and sharing feelings (calling out to mother); then of generalizing ("stoves are hot") and applying that knowledge to the next experience. It may be that the child will find out that all stoves are, in fact, not hot, and that he will have to be cautious only when he knows (through observation, experience, and second-hand information) that the stove is lit.

Experience becomes a part of learned knowledge, and goes on to provide information for new experiences.

THE ROLE OF THE PEACE CORPS VOLUNTEER
AS COMMUNITY HEALTH WORKER

OBJECTIVES:

- To examine the purpose and realities of Peace Corps service in community health
- To discuss the appropriate role of the Peace Corps Volunteer as community health worker

OVERVIEW:

Throughout Peace Corps service, a continuing theme is one of defining the appropriate role of the PCV. During this training program, the participants are encouraged to examine their role in health education and as health providers. Through case studies, visualization exercises, role play, and discussion, the participants look at the kind of work PCVs accomplish, priorities they establish, and the results that may occur as a result of PCV participation.

RESOURCES:

Helping Health Workers Learn, Introduction and page Back-1
Hesperian Foundation Paper, "The Village Health Worker: Lackey or Liberator?"

MATERIALS:

Paper and pens

HANDOUTS:

Case Studies (Attachments A, B and C)
Visualization Exercises (Attachment D)

PREPARATION:

Copy case studies for participants

ACTIVITIES:

1. (10 min.) Energizer - determined by the group, or:

"I Went to the Village": The first person says, "I went to the village and there I found..." and says something about traditional health (herbs, practices, etc.). The second person repeats the first item and adds one; the game continues around the circle until

there is a long list of traditional health items.

2. (1 hour) Case Studies

Select and distribute Attachments A, B, and C for reflection and discussion.

Some questions for discussion include:

- If a villager comes to you for help, what can you do to make the experience a learning one and not just a curative one?
- How can you involve the community as you work with them?
- How can you help villagers to help themselves?
- What is your role as a health educator? As a provider?
- What are some ways that you can resolve or address problems concerning your role as a village health worker?
- What resources are available to the PCV to help define his or her role in community health education?
- What part should a community play in health-related projects?
- What sort of Peace Corps Health Volunteer most benefits a community's health in the long term (i.e., years after the PCV leaves)?
- What might happen when your approach differs from that of other health education workers' (for example, Ministry representatives)?

3. (1 hour) Practice

Small groups of participants (divided according to region or similarity of work situation) develop a story or role play illustrating a problematic Peace Corps situation in-country, and present it to the large group for discussion and evaluation.

Trainer Note: _____

Use the same questions for discussion in Activity 3. Refer to the chart on needs and concerns completed during Session 2.

4. (Approx. 30 min. each) The Role of the PCV

Select one or more of the following exercises:

A. Visualization Exercise:

Read one or both of the paragraphs in Attachment D and have the participants write their thoughts concerning their role in community health work. Have them do the activity anonymously and post the papers for others to read. When the papers have been reviewed, ask people to take their paper and keep it for future reference.

- B. The participants write a job description of what they really do. It should be written as if for a "TAC" sheet or a classified ad. Ask the participants to be honest about their work, including what the living situation is like, counterpart involvement, etc. Post the descriptions and discuss them.
- C. The participants write a letter to a friend as if it were written at the end of Peace Corps service. They should discuss what impact and long-term effects resulted from their involvement. Post the letters or ask for volunteers to read theirs, and discuss them.

5. (10 min.) Sum-up Discussion

Ask:

- What kind of support do the participants need in their jobs that they do not presently have?
- How can the ideas that came out of this session be used in future work?

Attachment A:
CASE STUDY: A PCV HEALTH EDUCATOR

Ron arrived at his PC site in October, after two months of health training in the capital city. The rains had begun, and he wondered how long it would take to get started on the projects he envisioned as a health educator. He was to work with the doctor and nurse at the new health center in the village, cooperating with the education extension work they did, as well as planning some new courses for village health workers to be held there. At the end of this assignment, he was to leave the running of the education programs to his counterpart (who would be chosen from the first training course) and the doctor and nurse from the Ministry of Health.

He approached the job with enthusiasm and talent. Ron had been well-trained in using creative techniques to teach and share information. His background in non-formal education would come in handy, and he hoped to combine health and education in ways that would really help the people to help themselves.

At first, Ron met with resistance to his approach. The doctor and nurse expected that he would lecture about sanitation and disease control during the mothers' club meetings, and that he would do similar work during the training courses for village health workers. But at the first meeting, Ron surprised the rural women and the doctor by playing games with cutouts about the causes of diarrhea. The nurse commented that the women were coming for education and the milk-soy supplement, not to play children's games. However, since Ron was the "expert" sent by Peace Corps and the Ministry of Health, she and the doctor kept their peace.

Then the training program began. It was a pilot program, and Ron had the approval from the Ministry to do whatever he considered effective. The first meeting, he had the participants sit in a circle in the community center, rather than at the desks in the primary school, where the doctor and nurse had planned to hold the course. The content of the course had been approved by the doctor and the nurse, and they had been asked by Ron to help during the technical parts of training. But they hadn't counted on a technical training program to look like recess at school.

Both of them took Ron aside and asked him if he thought there would be enough technical information given. He assured them that there would, and went on to have the participants do a relay race using different items from food groups as the objects in the game. After the activity, the nurse spoke to Ron again, and said the doctor wanted more note-taking and lecture. Ron explained to her that there were other ways of teaching, but that he would use lecture if they insisted.

Some of the students were resistant to the kind of teaching going on: They were not accustomed to planning a course, or taking responsibility for the content or activities. However, the initial resistance evaporated as the students got more and more involved in the course. Soon, villagers were coming to the community center daily, to peek in the windows and watch the entertainment. The doctor held back; what was going on looked like anarchy and chaos, sounded like noise and didn't resemble learning to him. But, by the end of the first course, both the doctor and nurse seemed won over to the new ideas. Technical expertise flourished in the group, morale

was high, and Ministry representatives were very pleased with the progress.

At the same time, Ron was involving the mothers' group, the primary school and the villagers who gathered at the training site in the program. Students developed teaching aids and practiced with the community. A child-to-child program grew out of activities done during the course. Ron began to enjoy respect and popularity among the health worker students, the villagers and the Ministry. Even the doctor and nurse agreed he was an excellent teacher.

After his first success, Ron contacted a charitable organization in the U.S. who sent him (through the diplomatic pouch) several cartons of teaching supplies and medical equipment. Soon, Ron had his own resource center at his house, and he welcomed all interested villagers to use it. Some young people began to spend time there, and he organized them into a gardening group.

His counterpart was a health worker from the adjoining community, and the two of them became friends. The nurse at the health center soon left for another assignment, and within weeks the doctor was also gone. Ron and the health worker were the only health providers for two communities until, one month later, another doctor/nurse team came to work at the center.

The second year was even more creative than the first: another training course was completed, another doctor and nurse team won over, and the community was pleased with Ron. He was working seven days a week, and spending nearly all his time in the village. It was true that he spent a good part of his living allowance on materials for the course, but he figured that was part of Peace Corps service.

Finally, it was time for Ron to leave. His counterpart was left to organize the next course, in conjunction with the doctor and nurse. They had help from former students, but the spark that Ron had provided wasn't there.

The course began with lectures, and students were expected to take copious notes. Some of the health workers who had been in previous courses with Ron resented the reversion to the "traditional" style of teaching. They were vocal in their complaints, and nearly brought the course to a standstill. Ron's counterpart was despondent and unable to rescue the course from the doctor and nurse who had taken over the majority of the teaching. He began to drink, and considered himself a failure. Some of the students left, dissatisfied with what had happened.

The doctor and the nurse considered scrapping the courses altogether. They said courses were too much trouble, and if it weren't for the Ministry of Health wanting the project to look good, they would have stopped the training courses immediately.

Finally, the last course was given. There was no one left to organize anything anymore. The doctor and nurse left the community to work in the Ministry's education office, the counterpart was transferred to another village, and the health center remained empty except for an occasional vaccination campaign. The community's health needs were seen to by a new health clinic on a recently paved road, so there was virtually no health work going on at all. The mothers' club was no longer meeting, the garden group disbanded, and the primary school program slowly disintegrated.

Three years after Ron's arrival, it seemed as if he hadn't been there at all, except for some gourd babies and posters gathering dust in the health center. It was true, people still talked of him as a legend, and proudly showed visitors gifts he had left, and books he had donated to the community.

But what was his legacy? What had he done to promote community health? Were there any long-range, far-reaching results of his work? Was there any good that came out of his involvement, or was this just another example of futile development work? What do you think?

Attachment B:
CASE STUDY: A PCV COMMUNITY WORKER

Fred was a volunteer in the Central African village of Bazounga in 1973-74. He worked in a project whose goal was to increase the protein intake of the villagers by teaching people how to better raise chickens for egg production. He began with a group of four farmers and organized them into a loose co-op. The four farmers helped build each others' chicken huts, partly made with some materials Fred had ordered through Sears Roebuck and received through the pouch. Fred got the local butchers to agree to save blood and entrails to be used as protein supplements to be fed to his four farmers' chickens. He taught them to mix these things with millet and corn, which they already grew. The feed mix was not as good as that used by American farmers, but certainly better than the "let them run free, hunt and peck" system formerly used. When the first eggs came in, Fred taught the farmers to pulverize some shells and add them to the mix.

Production after six months, although marred by a few mishaps (including a few farmers' wives who had cooked some of the chickens), was not all that bad: chickens were producing 150% of the average for chickens that ran free. Fred knew this was a success, but he was hoping for something more demonstrative, something that would encourage others to come to him for information. He knew that the chickens could easily produce 300%. He finally decided to recommend that farmers buy a protein supplement, available in Bangui, to add to their feed. Fred arranged with the American missionaries in Bazounga to bring sacks of protein mix from Bangui while on their frequent trips to the capital. This was somewhat cheaper than having the local Arab merchants buy and resell the mix, since it eliminated the middlemen.

The second "harvest" was an unqualified success: the chickens were, in fact, producing three times the eggs of the others in the town. Fred's project was getting attention from other farmers. Soon, Fred was working with 12 farmers. He got more supplies from Sears, the missionaries agreed to step up their deliveries, and Fred's hometown church raised money to buy vaccines to protect the chickens against disease. Fred administered the vaccines himself, free of charge, often working overtime.

So it went, for two years. Fred's project was so successful that he was getting a lot of attention--a "Super Vol." When he left, Bazounga's egg supply was three times what it had been, and they were twice as cheap.

But when he left, things went awry. Fred left a villager with instructions for how and where to buy protein mix and who to contact among the missionaries. Obouka, the villager, was not an American, not too personable, and a Catholic, none of which won him any points at the mission. The supply of protein mix got shaky and irregular, and finally stopped altogether. Someone accused Obouka of stealing the money used to buy the mix. No one remembered the alternative protein source at the slaughterhouse. An epidemic killed a lot of the new, unvaccinated chickens. It was only a matter of three years before Bazounga's egg supply fell back to a level just slightly above that of 1973, before Fred's arrival.

What went wrong? What had Fred's role been in the village? Why had he failed to empower the people and make his own involvement "obsolete" by the time he left? What could have been another way of handling the job?

Attachment C:
CASE STUDY: A PCV COMMUNITY HEALTH WORKER

15 April

Dear _____,

Well, I've arrived in my village at last. Now that training is over, I can put to good use all the things we learned about alternative kinds of education, as well as my training as a nurse. By the way, I just received my certificate from nursing school. I guess this is my first real job. Where can I start? Well, our program manager was right: it is a storybook setting, with snowcapped mountains and billowing clouds. But I don't know about the rest of the story. He told me that my counterpart, the auxiliary nurse, would be perfect, since she seemed so open to new ideas, and already knew about the book, Where There Is No Doctor. Well, she hasn't shown up yet, so I can't tell. But if this first week is any indication, I am not sure how much she is really involved with the community. The health center is locked, and there is a note that says she will be right back.

So, I got here by bus and foot and truck and car, and lo and behold, the community center where I was supposed to live isn't finished yet. And no one was expecting me. And I stood there wondering what would be the right thing to do. It was too far to return to the city, and anyhow, I'd been here during the practicum and sort of know a couple of families. I went to the house where I'd stayed during the practicum, and they welcomed me with (you guessed it) a big bowl of potato soup. It is what they eat three times a day, and how were they to know that's what I'd been eating all during training when I lived with the family there. They gave me the fanciest "room" in the house: an alcove with a curtain.

There are seven kids, the mother and father, a skinny dog and a couple of chickens scratching around. They are poor, but I guess not as poor as some other families around. At least they have plenty of potato soup.

The kids love my stuff, and use my room as their playing area. I think I'm going to have to get a room of my own pretty soon, but this is OK for now. So far, this week, I've gone to the school, talked with the community leaders (I think that's who they are) and visited around. Still no nurse, no doctor, no support system. But I will be patient, as we learned in training. I'm sure the pace will pick up sooner than I think.

I'll write again soon.

Love,
Pauline

28 April

Dear _____,

The nurse is here, and she is nice. She had gone to the city before I arrived to see someone at the Ministry of Health, and got involved in a family crisis, so she had to stay in town. But now that she is back, I can get into the health center. And it is constantly busy: scratches, cuts, diarrhea and dehydration, fevers, t.b., pregnant women--a textbook of illnesses and conditions. Including mine: I have been sick off and on for what seems like forever with diarrhea and vomiting and headache. The family insists that I eat more, but I just can't eat any more potato soup for breakfast. I need my own place, and a stove and some privacy. But still no word on when (or if) the community center will be completed.

I went into the capital last week and the Peace Corps nurses really laid into me about not having a latrine at my site, and not being more careful about my health. They said I had giardia, amoebas and who-knows-what-else.

I wrote a booklet on latrines (oh, the irony) and PC will probably use it after the language gets corrected. Maybe like a comic book. Oh, here's a good story: the latrine project at my site (sponsored by a government agency) is a mess. Thank goodness I wasn't involved in it when it happened. The nurse collected money from 16 families to purchase latrines and gave the funds to a sanitary inspector who "lost" the money. So now we are at a loss as to what to do about it. Other than that there are the usual hassles that I am starting to understand. Plus the curative work. Such is the life of a dedicated PCV.

Bye for now - Pauline

- - - - -
12 May

Dear _____,

I bet you are surprised to get so many letters in a short time. But I am so excited, I just have to write. I went to work at the health center today, even though the nurse isn't around much these days (she keeps going to the city, saying she can leave the work with me since I am an "expert"). The morning was the usual--treating kids with diarrhea, cuts, etc. and trying to explain in my broken Spanish why I won't give vitamin injections. I also talked to a bunch of people about finishing the community center so I can move in. I'm full of exciting ideas, and am trying hard to hang on to them while I wait for the people to "gain confidence." I went home for potato soup, came back and found my enthusiasm was dropping and wondered why I am even here.

Then, a woman came in with a stomach ache. She said she was five months pregnant, but it looked more like eight or nine. I felt one head up, and maybe another one down. Only one fetal heart tone, and so I said no use being "where there is no doctor," and went to the health subcenter

an hour away. The doctor had taken the day off and locked the door. So we caught a truck to the hospital in town a couple of hours away, where all but one doctor had taken the day off. The guy who was there looked really young, and didn't seem very experienced. He couldn't find any heart tone and just said everything was fine. Go home and come back during regular hours for a check-up. We went home and I almost got to my house when a young man came running up begging me to help his wife. She was having a baby. So I got my delivery kit and we ran what seemed like miles in the high altitude. No one was at the house. We went back to the road, where they were--three women and three kids--standing in the path over the woman, who was obviously in labor. We tried to get to the nearest house, but she couldn't. Her water ruptured, and I thought, uh-oh, this is a real-life role-play! The baby's head was already out, and I caught him before he fell to the ground. "It's a boy! And he is strong and healthy!" I said. And suddenly noticed that nearly all of the village was watching. We waited for the placenta, and I checked the baby over. There was nothing in the kit to cut the cord, so I did what I could with a knife dipped in alcohol. I know the mother hasn't had a tetanus shot, but what could I do? Everything went OK, and the sun began to set on the next ridge as we went to a neighboring house. I massaged the uterus and tried to get the baby to suck at her breast. The uterus wouldn't stay firm, and baby wouldn't suck, and I was exhausted. I left the husband to massage his wife's belly, and promised to come back tomorrow. Suddenly the village has regained the glow it had when I first got here for practicum. All the bright ideas for projects brightened more, and I felt a wonderful surge of energy. I even enjoyed the bowl of potato soup for supper.

I look back on these few weeks here and smile...I feel like a yoyo going up and down. First, getting here, then visiting other people in the group, and having to say goodbye to the two women who were leaving early, then up again with ideas, down again with diarrhea, and now a high from delivering my first baby and having it turn out well.

It's midnight now, and my eyes are drooping, and my candle is burning low. What can I say except this must all be a part of the life of a dedicated PCV.

Love,
Pauline

- - - - -
15 May

Dear _____,

Well, the roller coaster ride is OK right now, but the past week has been hell. The community president said there was no way I could live at the community center. They are going to use the room for supplies. I said if you think supplies are more important than a nurse, fine, I'm leaving. I have been so sick, and the PC nurses have given me an ultimatum: either I get my own place by the end of the month or I am out of here. I am still

losing weight, and it seems that I am always sick with something--either diarrhea or a cold or an earache or all of the above. I'm tired of playing games with the community leaders.

The work is good: people come all the time to the health post (the nurse comes about once a week, maybe) and I've been making house visits to inject a t.b. patient, see pregnant women, and do the usual checking on diarrhea, dehydration, skin infections.

So, the day I talked to the community president I decided to go into the city just to do errands and catch my breath from all of this. A woman whose kids I have treated came running out to the road. "Oh, don't go, please stay," she said. I told her I had no choice, but she said, "The community leaders are men, they don't understand what you do here, like deliver babies and take care of our children. If you go, no one will come up to help us." She said she had a room in her house, near the health center. I went there and saw a door missing a lock, a dirty room, near a family, animals and community life. It had an electric bulb connected to a generator, a low ceiling and looked like heaven. "Can I cook meals in here?" Of course, anything you want, just don't go. It felt good to be needed. I decided to use my bargaining position: "Can I build a latrine, put a lock on the door?" Yes, yes. So, I agreed, and went back to my old house instead of going to the city. When I returned to the new place, they had cleaned it out, put a table in and made me feel like royalty.

The next day I went to the city and got all my money robbed. But they didn't find the money I had hidden behind my PC I.D. card, which was turned in at the Post Office! Then back to the village, to potato soup. It's gotten so that now when I do home visits, I carry my black bag in one hand and my pants up with the other. No joke.

And I started to move in. Ah, what pleasure, making furniture (simple stuff) and setting up a stove. The first night, I made lasagna and slept like a baby.

The only downer right now is the sickness and the feeling of being isolated from other PCVs. But I really enjoy the health center work and the home visits. But when, oh when, will I get to do some of the creative stuff? Time will tell. I think I am going forward, in little tiny steps.

Write when you can--

Love,
Pauline

29 May

Dear _____,

Where did I leave off? The Perils of Pauline continue, and the adventures are still exciting. I am in the city, and the way things are going, I am sort of afraid to go back to the village and find the health needs have gathered more momentum. I'm here for a regional meeting, and the program manager has offered me a plum of a job, but I don't know about taking it. A real conflict.

But first, let me tell you what has happened since last I wrote. The auxiliary nurse showed up, as usual on her once a week visits, but this time with a vaccination campaign from the Ministry of Health. I took names and updated cards. She gave immunizations: 45 kids in a morning. By 1 PM, I had a pounding headache. She invited the doctors to my room for coffee (I haven't even unpacked yet!) and fortunately they refused. She came in anyway, and started ransacking the place for something to eat--helping herself to the goodies I'd gotten in the city--cheese, peanuts, good bread. Finally, they all left and I took a sigh of relief, then tried to put my food back in boxes so the mice wouldn't eat it. The health center was a disaster area from the vaccination campaign; I guess it is my job to clean up after the doctors...

So, just then someone called me from the road. A boy, saying his mother was in pain since yesterday and could I come see? Another baby story: so we hiked up the hill for what seemed like kilometers, and got to a dark house with a lot of kids running around. Smoke filled my eyes as I went in, and I couldn't see where she was, or anything for that matter. Finally, my eyes adjusted and I examined her. I could hear the fetal heart tones in about any spot, and it felt like the head was still floating. Not a job for me. Better to go to the hospital. But there was no time to walk and catch a bus or truck and get into the city. Time for the "Plan B" we learned in training: time to "wing it." I go outside where someone is calling me: Juan with the t.b. wants his injection. I promise to go over after I leave here. I go back in and a baby is crying. The mother is vomiting; I smell liquor. She's been drinking. I curse. I ask for a candle, and everyone looks at me blankly. Finally, I look at the baby, a small boy. A short umbilical cord, which I cut. The grandmother is anxious, why hasn't the placenta come? I try to get someone to hold the baby while I attend to the mother. Everyone already has a child in their arms. All of a sudden: What? A second baby comes out, a boy, same size. I dry him off with the UNICEF towel and cut the cord. They are huge for twins. Both seem normal. Finally the placenta comes and it has two umbilical cords--identical twins. The first is very quiet, and I wonder if he is breathing. He is, but I suspect he is hung over from the mother's drinking. I massage the woman's uterus, and say I will come back the next day. They want me to take one of the babies. I refuse, saying I can't accept it. I just had to go home.

On the way, a little boy gave me an egg for a gift. I felt as if I had a cold coming on. I did, and now it is finally going away. Then, the week picked up speed: sick kids, newborn babies, t.b. shots, and on and on.

The school teacher came by the next day and asked me to speak to the parent's group about kids who need help in school. I went; he talked. He said if they didn't cooperate with me, he wouldn't let the kids in school. I thought that was a bit drastic, but...I need his support. Then another teacher called me. A kid had fallen and cut his head. It was a nice deep cut, and needed stitches. I tried a butterfly bandage, but it was bleeding too much and kept washing the bandage off. There was no way of getting to the hospital, and I wondered what to do. His parents weren't home, there was blood everywhere, and the doctor is not at the clinic in town. I've watched doctors suture a zillion times, and practiced a little during P.C. health training. I also know I am not supposed to do that, but I weighed the odds. And sewed him up. And checked for a concussion, and told him to come back the next day so I could keep checking him.

And the beat went on...more pregnant women, more mini-crises...women coming by to ask for the wheat-soy-milk blend. I know that the nurse hasn't started the supplemental feeding program this year yet, and there hasn't been time for me to do it. So I gave them couple of bags anyway. After all, the mice are the only ones eating it these days...then a couple of cases of scabies...then doing charts...cleaning the health center...

That night, someone came to my door to ask if I could help out at a birth. The woman was in labor, first pregnancy, baby's head down. Hospital case. The family beseeched me: No, don't make us go, women die at the hospital. I did a pelvic exam on her (the first woman to allow me to do that so far). Small pelvis. I worried a little. I spent the night on the floor. The next morning, I awoke to hear her in labor; still no change. The hospital, I said. We went down to the city, then to the bigger city where there is an operating room. The family was terrified. They told me horror stories about rural people and hospitals. I promised to stay with them. She finally had a caesarean section and was OK. Back to the village, pack, and off to the capital, where I am now. What a week!

So, here I am on the horns of a dilemma. The Program Manager has this new and exciting job he wants me to take: organizing courses for health workers. Free reign to use Helping Health Workers Learn, do whatever course prep I want to, work with innovative people in the Ministry of Health. It sounds like the perfect job, except...I want to be here in the village, with the ones who need me most. I don't want to be a bureaucrat. But I look in the mirror, and I see this emaciated (but muscular, to be fair) flea-bitten body, and I wonder, what good am I doing?

I am loyal to the people in the village. They need me. Without me, who will help? I'm going to go back and get to work and think about it. I don't need to decide for a week or so.

If you have any wisdom to share, please send it air mail. I need some help in deciding.

Love,
Pauline

5 June (back in the village)

P.S.: I got home and started to build a latrine at my new place. But the man of the family came home yesterday, and told me the hole was too close to the house, the boards on top would rot and it wasn't any good. There's no cement in the entire country (unless you're rich) and there aren't any pre-fab slabs available from the government agency, and I'm frustrated. So I asked him if he wanted to do the job and he said yes. Didn't say when, though. I'll fill you in as the story unfolds.

I'm staying dedicated, as hard as it is sometimes--

Love,
Pauline

Attachment D:
VISUALIZATION EXERCISES

Have the participants get comfortable, close their eyes and listen as you read one of the following visualizations. When you have finished, ask them to spend twenty or thirty minutes writing. It is up to you and the participants to decide how these exercises will be used: either to keep, and share only with people that the participants wish to have see their thoughts; to post the exercises without names written on them; or to discuss what they wrote after the exercise is over.

1. You are a PCV working in a village. You are sitting at your desk, catching up on paperwork. Outside, a group of children play in the dirt, tossing stones in what seems to be a complicated game of marbles. A farmer leads his animals down from the fields; it is only noon, but he has probably been working since before dawn. A woman carries a load of sticks and brush at least twice her size. A skinny dog yelps as a boy with matted hair and a big belly throws a rock at it, hitting it broadside. Three little girls, no more than five or six years old, stand talking, water containers at their feet. One carries a bundle on her back; it is a baby.

The flies outside the window screen buzz incessantly. It is hot, dusty. In the distance, you hear the rumble of a vehicle. In a cloud of yellow soot, your program manager's car pulls up on front of the building. It must be time for a catch-up meeting, and you know you will be asked how it is all going, what have you been up to...

What will you say?

2. You are in your house, in a favorite spot, looking out the window at the scene you have come to love. You take a deep breath and realize how special this place is for you. Right now, it is quiet, no one will interrupt you, and you can think, write a letter, stare into space. It is a very peaceful and calming feeling. You reflect on your life in the community: the people whom you have grown close to, the children who have trusted you, the poor neighbors who have shared the little they have with you. You remember the misunderstandings and tensions that finally gave way to positive feelings, and those that were left unresolved, put away for another day's reflection. You are worlds away from the life you left in the U.S. How can you tell anyone back home what this is like--what you do with your time, what your priorities are now, how you live your life. Perhaps it would be better to tell your journal what is going on...

IDENTIFYING COMMUNITY NEEDS AND RESOURCES

OBJECTIVE:

- To examine ways of learning about a community's health-related needs and priorities

OVERVIEW:

One of the most important and often difficult aspects of community health work is to work with a community to help them articulate their own needs, priorities and resources. In this session, participants build upon what they have learned earlier in the course about examining their needs and resources, and apply that experience to a village setting. Through story telling, role play and visual aids, the participants look at a variety of issues relating to community health and the identification of local concerns and health problems.

RESOURCES:

Helping Health Workers Learn, Chapters 13 and 26
Bridging the Gap, p. 21 and pp. 34-35

MATERIALS:

Flannel board previously made to identify the participants' needs and concerns (see Session 2, Identification of Groups' Needs and Resources)
Supplies to tell "The Story of Luis," pp. 26-3 through 26-10, Helping Health Workers Learn
Newsprint and markers

PREPARATION:

Cut out the figure of Luis. Make links for "Chain of Causes."
Have a flannel board and symbols ready for Identification of Community Needs. (See page 3-14 of Helping Health Workers Learn.)
Meet with the group who made the flannel board in Session 2 and have them prepare for Activity #2.

ACTIVITIES:

1. (30 min.) The Story of Luis

Tell the story and examine the "Chain of Causes" as the group plays "But Why?" Discuss how this method might be used in other situations.

Trainer Note:

This activity may be organized and led by a group of participants, including the preparation of materials, doing the story and game, and leading the discussion. An interesting note about the use of the story with a group of African villagers: A PCV adapted "The Story of Luis" to a local setting, substituting characters with whom the villagers could identify. The story did not go over very well. People become bogged down in the personalities of the characters, since they knew them, and failed to see the larger issues presented. It may be more appropriate to use the story as if it is happening somewhere else, so that people do not take it literally. This point should be presented in a discussion.

2. (15 min.) Identification of Community Problems and Needs

Ask the group who made the flannel board (Session 2) to lead this activity. The rest of the group will pretend that they are villagers at a meeting with community health workers who have been involved with them to identify local needs and get some projects started.

Using the flannel board developed earlier in training, the "health workers" guide the "villagers" to list their needs and concerns. Refer to Helping Health Workers Learn, pp. 3-13 through 3-16 for more instructions.

3. (10 min.) Discussion

Evaluate the method just used. Ask:

- What are some useful ideas in this method of identifying problems?
- What other methods might work to guide people to identify local needs and concerns?
- What factors might be obstacles to using this method?
- How could the resources of the community be identified?
- How could this method be improved?

4. (5 min.) Assignment (select two or more)

- A. Assign small groups the task of developing a way to identify resources and health needs of a community, and present the method the next day.
- B. If appropriate, the participants visit a nearby village (or several villages) to learn about ideas, problems, resources and customs, and to give them confidence in working with villagers. They should form small groups to plan the visit, decide what they will do to find out about the village, and how they will be sensitive to the people who live there.

Trainer Note:

As with any organized activity involving local communities, meet with village leaders and other community members first to gain approval.

- C. One variation on the above activity is to assign the task of making a map to portray the physical characteristics, the resources, and the health and nutrition problems in a community. Participants may work with local villagers to complete the exercise, or may draw the map themselves after observing a community. The map should include some physical characteristics of the site (roads, houses, etc.), the resources that exist (clinics, gardens, water supply, etc.) and the problems that are apparent (contaminated water, disease, lack of arable land).

The groups should then present their maps to the rest of the group, and focus on the causes of the problems identified by community members or by their own group.

Trainer Note:

It is important to emphasize that this type of activity is useful as a tool for the PCV, not as a method of diagnosing other people's problems. Discussion should include an examination of the positive and negative aspects of the method used.

- D. Another variation is for the participants to create a map of the community in which they work (a drawing, or a kind of topographical map, showing houses, roads, etc.) to give an idea of how the community is laid out, what problems or resources exist in various houses, etc. This map would then be shared with the other participants, and posted for the rest of the program.

Trainer Note:

Once some community needs are tentatively identified, the participants may focus their attention on specific areas of concern (maternal/child health, diarrhea and dehydration, communicable diseases, water and sanitation, etc.) in Sessions 9, 10 and 11.

TEACHING ABOUT IMPORTANT HEALTH ISSUES

OBJECTIVES:

- To learn about and practice new ideas for sharing information relating to health topics of concern to local communities
- To integrate technical and medical themes into health education training
- To develop and use criteria for evaluating the effectiveness of health education materials and methods

OVERVIEW:

Many of the health problems which Peace Corps Volunteers will encounter in communities can be addressed through innovative learning and teaching techniques; some of these problems have been identified in the previous session. Therefore, it is important for PCVs to learn and practice different ways of educating community members about health-related problems and potential solutions. It is also essential that PCV community health workers examine their own values about health issues in order not to impose inappropriate solutions upon a community. In these sessions, the participants gain experience in developing effective educational tools and methods which can be used in Peace Corps work.

RESOURCES:

Helping Health Workers Learn, Chapters 11 and 12, and Index (for example, "Diarrhea," "Dehydration," "Under-fives Clinic," "Sanitation," "Water," "Water Systems," "Vaccinations")

The Photonovel: A Tool for Development

Slide Presentations:

- Teaching about Diarrhea and Rehydration
- Teaching about Mothers' and Children's Health
- Child-to-Child: Activities in Mexico
- The Importance of Breast Feeding
- Family Care of Disabled Children
- Teaching Ideas Using Flannel Boards
- Learning to Draw and Use Pictures

MATERIALS:

Slide projector, screen or blank wall

Supplies for participants to make teaching aids (construction paper, scissors, markers, etc. as needed)

PREPARATION:

Assign Chapters 11 and 12 to be read before the session.

Have the planning committee prepare the room for the slide presentations; ask several participants to lead discussions during the slides.

Trainer Note:

This session is designed to be used on several occasions, depending upon the technical focus of the program, time considerations, and the needs and interests of the participants. Refer to Session 8 for ideas on specific health topics of concern.

The practice teaching sessions should be scheduled to allow enough time for the participants to prepare their presentations.

If the Hesperian Foundation slides are not available to you, some other useful slide presentations may be obtained from T.A.L.C. (Teaching Aids at Low Cost). See Appendix D (Selected Resources and References for the address.

ACTIVITIES:

1. (10 min.) Group Energizer - as determined by participants
2. (1½ hours) Slide Presentation and Discussion

Select one of the slide shows listed in the Resources section, and take turns narrating the script. Discuss the role that values play in educating people about health.

Option: If the slide presentations are not available, or if you wish to add to the activity, discuss some possible ways for teaching about particular health topics, focusing on the information in Chapters 11 and 12 of Helping Health Workers Learn. Also, refer to the index listings in Resources, and discuss the kinds of methods and tools which may be appropriate in different learning situations.

Trainer Note:

During this activity, refer to Session 4, and review the methods used by participants in their presentations, as well as the suggested techniques listed in the Trainer Note after Activity #1. Session 4 may be scheduled immediately before this session to give the participants an opportunity to apply what they have learned from the presentations and the discussion.

3. (2 - 4 hours) Preparation

The participants form small working teams, select a method of presenting information on a chosen topic (Diarrhea and Dehydration, Maternal/Child Health, Sanitation, etc.) and prepare a demonstration to be given either later in the session or at another time.

Trainer Note:

The methods used should be varied so as to avoid repetition, and to ensure that all participants have the opportunity to practice using different techniques and teaching aids. It is a good idea to ask the participants to focus on ideas emphasized in chapters 11 and 12 of Helping Health Workers Learn.

As an option, have someone (perhaps a working team) photograph the presentations for later use in a slide presentation, photonovel or scrapbook of ideas.

4. (15 min. per group) Demonstrations

The teams present their teaching aid or method to the rest of the group.

5. (15 min. per group) Discussion and Evaluation

In turn, discuss each group's presentation, and its effectiveness as a teaching tool, using the criteria developed in Session 4 and adding to the list ideas that may arise from the following questions:

- Was the information technically accurate and culturally appropriate for the intended audience?
- Was the group making any assumptions about people's values regarding health? If so, did they seem accurate?
- Were there any secondary or hidden messages in the presentation?
- Were you convinced by the message? Why or why not? Do you think that people with little formal education would learn from it?

DEVELOPING AND USING APPROPRIATE TEACHING AIDS:
STORY TELLING

OBJECTIVES:

- To gain practical experience in developing story telling techniques for use in community health education
- To examine potentially appropriate methods and tools which actively involve the community in the learning process
- To develop and use criteria for evaluating the effectiveness of health education methods and materials

OVERVIEW:

Throughout the world, variations on story telling exist as traditional ways of sharing information. In order to utilize those traditions in community work, the participants look at a number of story-telling techniques and adapt them in order to present health-related information.

RESOURCES:

Helping Health Workers Learn, Index, "Teaching Aids"; Chapter 13, "Story Telling"; Chapter 14, "Role Play"; Chapter 27, "Ways to Get People Thinking and Acting."

The Photonovel: A Tool for Development

Bridging the Gap: A Participatory Approach to Health and Nutrition Education, pp. 29-32 and 49-83

From the Field, pp. 73-83

Audio-Visual/Communications Teaching Aids Resource Packet

Slide Presentations:

- Learning Through Role Playing
- The Women Join Together to Overcome Drunkenness
- Small Farmers Join Together to Overcome Exploitation
- The Measles Monster
- How to Take Care of Your Teeth
- Useless Medicines that Sometimes Kill

MATERIALS:

Sets of health-related pictures (Suggestions: a family with a sick child, a person working, a medical scene, an illustration of a common medical problem, an illustration of a common social or economic problem, a village scene).

PREPARATION:

Session 8, "Identifying Community Needs and Resources," should be done before this session. Review the list of possible teaching aids for each problem identified in the Index of Helping Health Workers Learn. Find out as much as you can about ways that local people use story telling to share information. Assign Chapter 13 and 14 in Helping Health Workers Learn to be read before the session.

Trainer Note:

Any of the slide presentations listed in the Resources section may be used in conjunction with this session, and shown the same day or evening.

ACTIVITIES:

1. (10 min.) Group Energizer - as determined by participants
2. (40 min.) Picture Stories

Distribute a set of health-related pictures to small groups of participants. Have each group take 10-15 minutes and make up a five-minute story around the pictures, then present their story to the large group. Take a few minutes for comments on each presentation.

3. (10 min.) Discussion

When all groups have had a turn, analyze the stories and presentations, using the following questions as a guide:

- What did or did not make each story effective?
- What were some different ways in which the small groups handled the task?
- How could story telling with pictures be made more appropriate for use in a village setting?

4. (1-2 hours) Practice

In small groups, participants choose a theme which has been identified as important during technical training, Peace Corps service, or as

part of the Community Needs Assessment (Session 8). These may include: diarrhea and dehydration, maternal and child health, first aid, communicable diseases, sanitation, etc. Ask them to develop a story based on that theme, and present it during a following session, using any one of the teaching methods described in Helping Health Workers Learn, Chapters 13, 14 or 27.

5. (1½ hours) Presentations

The groups present their stories. Discuss and evaluate each presentation, using the lists developed in Sessions 4 and 9 as well as these questions:

- Were there any hidden or harmful messages?
- Was the message clear?
- Who was the intended audience? Do you think it would be interesting and relevant to that group?
- Did the audience participate?
- Was any traditional form of story telling used? How was tradition incorporated?

Trainer Note:

Activity #5 should occur at least a few hours after the first part of the session.

During this session, share information about local story-telling traditions, and use these methods wherever possible during training. Remember that story telling is included in many teaching methods, including: serial and open-ended stories, parables, tales and fables, songs, poetry, letters, role plays, puppetry, sociodrama, mime and tableaux, acting out a narrated story, using flexiflans and flannel boards.

In this and other sessions on developing teaching aids, it is useful to discuss how the participants can keep informed about new teaching tools. Some ideas are: a newsletter, regularly scheduled meetings, photographs or slides, job conferences, and communication with Peace Corps and other organizations involved in community work.

Another valuable discussion would include questions such as:

- How can a network be formed of PCVs who are doing related work?
- How can local people become involved in the sharing of new ideas, thus promoting continuity in community health work?
- What are some ways in which the Ministry of Health and other governmental agencies can be of assistance to PCVs in the development of teaching aids, and vice-versa?
- How can PCVs best use the ideas and teaching aids of other groups involved in health education? (See Helping Health Workers Learn, page Back-3 for a list of groups working in health.)

DEVELOPING AND USING APPROPRIATE TEACHING AIDS:
CREATING LOW-COST MATERIALS AND EQUIPMENT

OBJECTIVES:

- To develop and practice using low-cost, locally appropriate materials and equipment for community health education
- To review, adapt and utilize ideas for teaching aids presented in Helping Health Workers Learn
- To evaluate the appropriateness and effectiveness of health education methods and materials

OVERVIEW:

One of the most important aspects of health education training is to provide a forum for ideas and innovative teaching tools that can be adapted for use at the community level. In this session, the participants build upon skills and experience gained in previous activities, and create potentially appropriate materials and equipment for community health education.

RESOURCES:

Helping Health Workers Learn, Chapters 15 and 16

Bridging the Gap: A Participatory Approach to Health and Nutrition Education, Chapter 3

From the Field, p. 83

Audio-Visual Communications Teaching Aids Resource Packet

MATERIALS:

As needed by participants for preparing teaching aids.

PREPARATION:

Gather a number of examples of teaching aids. Assign Chapters 15 and 16 in Helping Health Workers Learn to be read before the session.

ACTIVITIES:

1. (10 min.) Group Energizer - as determined by the participants

2. (20 min.) Review of Materials and Equipment

Look at and discuss the examples of teaching tools and equipment. These may include materials discussed in Helping Health Workers Learn (especially from Chapter 16), as well as materials developed by participants either before or during the training course.

3. (2 - 4 hours) Preparation

Have the participants form small working teams, and:

- review the assigned reading
- decide upon a project to create low-cost, locally appropriate tools or equipment to be used in community health work
- prepare the project for demonstration to the rest of the group

Trainer Note:

The projects should focus on specific technologies and techniques not yet emphasized in the training program. These may include making:

- slides and film strips (follow the directions in the Visual Aids/ Training Manual in the Audio-Visual Communications Teaching Aids Resource Packet)
- cold storage boxes for vaccines and other medicines
- scales for weighing babies
- stethoscopes
- timers
- duplication equipment
- oral rehydration materials
- teaching aids for learning about birth

4. (1 - 2 hours) Sharing Ideas

Each working team presents their project for discussion and evaluation, using the criteria lists developed in Sessions 4, 9 and 10.

Trainer Note:

These presentations may be combined with the preparation for the Health Fair, or another end-of-training activity.

Emphasize that the most appropriate technologies are those that utilize low-cost, locally available materials that can be made by people in the community.

THE HEALTH FAIR

OBJECTIVES:

- To use a variety of methods, techniques and skills to demonstrate what has been learned during health education training
- To plan and carry out an event which will help educate local people about health

OVERVIEW:

At the conclusion of training, the participants have the opportunity to demonstrate to the public what they have learned about sharing health information. During the Health Fair, games, demonstrations, drama, and a variety of other teaching and learning techniques are put into practice as a fitting closure to the course, as well as an appropriate method of involving a community in health education.

RESOURCES:

As determined by the participants.

MATERIALS:

As determined by participants and the training budget

PREPARATION:

Well ahead of the planned date, talk with the participants about the Health Fair, and explain that they will be in charge of the planning and carrying out the event.

Trainer Note:

Encourage the participants to use their creativity in preparing for the Health Fair. Provide time, some guidance and support for their efforts, but stay on the sidelines. Make sure that there is adequate time allotted for planning, rehearsal and, after the Fair, for clean-up and evaluation.

ACTIVITIES:

1. (Time as needed - at least 1 hour)

Preliminary Planning Meeting

The group meets to decide on the format, what committees will be

necessary, who will assume various responsibilities, how the tasks will be divided, etc.

2. (Time as needed) Preparation Time

The participants determine the rest of the planning procedures.

3. (Time as needed) Rehearsal

Each individual or group presents their contribution to the Health Fair for critique by other participants.

4. The Health Fair

Each event, activity, demonstration or exhibit should:

- reflect a health concern in the local community
- be simple in design and concept, so that it is easily understood by people with little formal education
- help people think or discover new ways of looking at a problem
- in some way, be entertaining or stimulating
- use locally available, low-cost materials

Trainer Note:

The Fair should be held wherever there is sufficient room for a community gathering. It may be held in conjunction with some other local group (school, mothers' club, health center). If there is any possibility of involving the community in the preparation for the health fair, do so.

APPENDIX A:
WORKING WITH A GROUP

At the start of training, get a sense of the group: What are they like? Do they know one another? How do they interact? What are some characteristics of the group, such as age, sex, state of health?

Establish a friendly and supportive atmosphere. Try to participate in activities to minimize the distinction between you and the group. As people begin to arrive for a scheduled meeting or session, talk with them. Don't wait for everyone to show up before you have any interaction with those already there. If you are comfortable with the idea, do a puzzle, play a game or introduce an icebreaker while waiting for the others.

One of the most challenging aspects of conducting a training program is forming groups. It is important that it be done in a way that no one feels left out or uncomfortable. It helps if your suggestions are as specific as possible, and that the activities are varied.

One way to form a group is to use categories. For instance, "Would you rather eat a banana, a peach or a papaya right now?" Then have everyone get together in a group with all the others who chose the same fruit. Or, "Would you rather go to the mountains, the beach or the jungle for a vacation?" Ideas can cover food preference, family relationships, clothing, and nearly anything you can categorize.

Another method is to have people mingle. Tell the participants to mill around, talk with others, introduce themselves. When you say "partners" and the number of people you want to get together, everyone scrambles to form a group. This can be repeated as often as you like, depending on whether the purpose of the activity is to meet or connect with others, or to form work teams, or to change the pace. Some other ideas for icebreakers and group energizers are:

1. Introductions:

Tell all the participants to imagine that this is their birthday, and that there is a huge party to celebrate. They know everyone at the party, but no one else knows anyone at all. To get people to meet, it is the birthday person's responsibility to introduce everyone. They should go up to someone and say, "Hi, what is your name?" then take that person and introduce them to someone else. The introductions should be enthusiastic--a big smile, handshake, etc. In three minutes, people should try to introduce as many people as possible. In the frenzy that follows, people may not remember everyone else's name, but they will remember the friendly feeling and enthusiasm that was generated.

2. Birthdays:

When you give a signal, ask everyone to get together with the other people who were born in the same month. At another signal, tell the groups that they have one minute to come up with a cheer for that month. Start with January, and as soon as they are done, February leaps up and does its cheer, and so on through the year.

3. Incorporations:

Decide on a signal to get the group's attention--blowing a whistle, flicking lights off and on, or calling out. At the first signal, call out a group for people to join ("Five people who have on something blue"). Then, use the signal and call out another group formation ("Get into a group of three people and make the letter 'H' with your bodies"). Do this quickly, and tell people not to worry if they haven't kept up. The idea is to connect with as many groups as possible in the limited time.

4. Traditional Village Activities

There are many songs, stories and games that may be used, especially to start the day. Ask for suggestions, and make up new variations.

For more ideas about icebreakers, mixers and energizers, refer to Playfair, the The New Games Book (both are listed in Appendix D) and Helping Health Workers Learn.

APPENDIX B:
IDEAS FOR EVALUATION

There are many ways to evaluate a training program. It is up to you and the program participants to decide on the most useful methods. You will probably want to evaluate the course content and format, staff participation, and the group members' progress. Whatever methods you select, the most important thing to remember is that the purpose of an evaluation is to find out how effective the training program is, and to look for ways to improve it. The evaluation process should be two-way between staff and participants; it should include a variety of methods, and be used periodically so that suggestions for improvement can be incorporated.

Before the training program begins, please read the section on Evaluation (Chapter 9) in Helping Health Workers Learn. In addition to the suggestions presented there, some other ideas are:

DAILY EVALUATION ACTIVITIES:

1. At the end of a session, spend a few minutes to review the objectives that were to be accomplished. Ask for comments and suggestions for improvement.
2. At the end of the day's activities, staff and participants anonymously write several positive comments about the day, several negative ones, and some suggestions for improvement. The papers are collected and put in a bag. Each person draws a paper from the bag, and in turn, reads the positive comments. The process is repeated with the negative statements, and with the suggestions for improvement. Someone may keep a tally of the kinds of comments that were given. At the end of the evaluation, lead a discussion to elicit opinions on the program so far, and deal with any areas of concern that should be addressed.
3. In small groups, staff and participants list what they understood was to be accomplished during the day. Then, each group makes two other lists of what they believe went well and what could have been done better. The groups meet and share the lists, then discuss how the evaluation results will be applied to the next day's activities.

WEEKLY AND FINAL EVALUATION ACTIVITIES:

1. Participants fill out a "report card" on the activities over a period of time, giving high marks, low marks and suggestions for improvement for each session or other activity. Post the "report cards" and discuss them.
2. Write each of the following questions on a separate envelope and post them:

(continued)

- What did we get done that you hoped we would accomplish?
- What did you learn that you didn't expect to learn?
- What were some outstanding things about the week (or training?)
- What were some not-very-good things about the week (or training), and how could they be improved?

Provide slips of paper for people to use for comments to be put in each envelope. Later, review the comments with the group.

3. Distribute a questionnaire to evaluate the week's sessions. Write the title of the session, and next to it, a scale from "not useful" to "very useful" plus room for comments. Ask the participants to rate each session, then review the evaluations with the group.
4. The participants evaluate your performance as a trainer, using the checklist on page 9-17 of Helping Health Workers Learn and using the following points for consideration:
 - Ability to effectively communicate information
 - Apparent knowledge of subject matter
 - Methodology used
5. The participants develop and answer a number of questions to evaluate the training program, then discuss their comments.
6. Divide a large sheet of newsprint into quadrants with a marker. In the upper left, write "Your Expectations of the Training Program"; in the upper right, "A Problem that Faced the Group During Training"; in the lower left, "How We Resolved the Problem"; and in the lower right, "A Hope for the Future."

Distribute sheets of paper and ask the group to make drawings to represent the four areas. When the activity is done, everyone posts their drawing and explains it to the rest of the group.

This exercise may be modified by changing the headings on the newsprint sheet as appropriate to your program.

7. Each member of the group writes a brief message to each of the other people on a slip of paper, mentioning a positive quality that he or she admires about the other person. As an option, on the other side of the paper, they may write a suggestion as to how the person might improve their teaching skills. An envelope with each person's name is posted, and the slips of paper put in the proper envelopes. The "telegrams" in their envelopes are distributed for people to read when and where they wish.

APPENDIX C: SAMPLE CALENDAR FOR A 10-DAY HEALTH EDUCATION TRAINING PROGRAM

	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
AM	<u>Session 1:</u> Defining Expectations and Clarifying Objectives of Health Education Training	<u>Session 5:</u> Working with a Group: Dynamics and Facilitation Skills	<u>Session 7:</u> The Role of the PCV as Community Health Worker	Presentations from Session 8	Presentations from Session 9
		mid morning break			
	<u>Session 2:</u> Identifying Group Needs and Resources and Setting up Committees - - - - -	<u>Session 6:</u> How People Learn - - - - -	Practice Teaching	<u>Session 9:</u> Teaching About Important Health Issues (study, recreation, optional workshops)	<u>Session 9:</u> Teaching About Important Health Issues (A Different Focus)
		LUNCH & FREE TIME			
	<u>Session 3:</u> A Look at Community Health and Education: Project Piactla	Teaching Aids slide show	<u>Session 8:</u> Identifying Community Needs and Resources	Preparation of teaching materials	Preparation of teaching materials
PM		afternoon break			
	<u>Session 4:</u> Exchanging Ideas About Health Education Brief Evaluation - - - - -	Committee Meetings/Preparation for practice teaching Brief Evaluation - - - - -	<u>Session 4:</u> Exchanging Ideas About Health Education Brief Evaluation - - - - -	Brief Evaluation Brief Evaluation	Presentations from Session 9 Brief Evaluation
		EVENING MEAL (may involve participants in preparation, clean-up)			
	Group Activity	Preparation for practice teaching on health topic	Slide Show/Group Activity		

	DAY 6	DAY 7	DAY 8	DAY 9	DAY 10
	<u>Session 10:</u> Developing & Using Appropriate Teaching Aids: Story Telling	<u>Session 11:</u> Developing & Using Appropriate Teaching Aids: Creating Low-Cost Materials & Equip- ment	Presentations from Session 11	Preparation for Health Fair or End of Training Activity	<u>Health Fair</u>
AM	. . . Preparation of materials (Session 10)	. . . mid preparation time (Session 11)	. . . morning break	. . .	. . .
	- - - - -	- - - LUNCH & FREE TIME - - -	- - -	- - -	- - -
	Presentations from Session 10	Presentations from Session 11	<u>Session 12:</u> Preparation for Health Fair		
PM	. . .	. . . afternoon break	. . .	. . .	. . .
	Brief Evaluation	Brief Evaluation	Brief Evaluation	Brief Evaluation	Evaluation
	- - - - -	- - - EVENING MEAL - - -	- - -	- - -	- - -
	Committee Meetings/ Slide Show	Slide shows Group activity (song writing, skits, etc.)			Banquet and Party

HEALTH EDUCATION

APPENDIX D:

SELECTED RESOURCES & REFERENCES

Appropriate Community Technology Training Manual, the Farallones Institute/CHP International, Inc., Peace Corps Energy Project/OTPC, 1982.

Audio-Visual/Communications Teaching Aids Resource Packet, P-8, Peace Corps Information Collection & Exchange

Bridging the Gap: A Participatory Approach to Health and Nutrition Education, Save the Children, 54 Wilton Rd., Westport, CT 06880, 1982.

From the Field: Tested Participatory Activities for Trainers, compiled by Catherine D. Crone and Carman St. John Hunter, World Education, 1414 Ave. of the Americas, New York, NY 10019, 1980.

Health Education: A Manual for Medical Assistants and Other Rural Health Workers, Norman Scotney, African Medical and Research Foundation (available from Peace Corps).

Helping Health Workers Learn, David Werner and Bill Bower, the Hesperian Foundation, P.O. Box 1692, Palo Alto, CA 94302, 1981.

The New Games Book, Andrew Fluegelman, the New Games Foundation, Headlands Press, Garden City, NY, 1976.

Papers: (available from the Hesperian Foundation)

"Health Care and Human Dignity: A Subjective Look at Community-based Rural Health Programs in Latin America," 1976

"The Village Health Worker - Lackey or Liberator?" 1977

"CHILD-to-Child Program"

"Primary Health Care and the Temptation to Excellence," 1975

"Newsletter from the Sierra Madre"

Perspectives on Non-formal Education, Lyra Srinivasan, World Education, 1414 Ave. of the Americas, New York, NY 10019

The Photonovel: A Tool for Development, Daniel Weeks, ICE/Peace Corps

Playfair: Everybody's Guide to Noncompetitive Play, Matt Weinstein and Joel Goodman, Impact Publishers, San Luis Obispo, CA; distributed by Sagamore Institute, 110 Spring St., Saratoga Springs, NY 12866.

Slide Shows: (available from the Hesperian Foundation)

"Learning through Role Playing"

"Teaching Ideas Using Flannel-Boards"

"Learning to Draw and Use Pictures"

• (continued)

"Project Piaxtla: A Villager-run Health Program in Mexico"

"CHILD-to-Child: Activities in Mexico"

"Family Care of Disabled Children"

"The Women Join Together to Overcome Drunkenness"

"Small Farmers Join Together to Overcome Exploitation"

"Homemade Teaching Aids - Principles and Examples"

"Teaching About Diarrhea and Rehydration"

"Teaching About Mothers' and Children's Health"

"The Importance of Breast Feeding"

"The Measles Monster"

"How to Take Care of Your Teeth"

Teaching Aids at Low Cost (TALC), Institute of Child Health, 30 Guilford Street, London, WC1N 1EH, England.

Technical Health Training Manual (draft), OPD/Peace Corps, 1981.

Where There Is No Doctor, David Werner, Hesperian Foundation, 1977.

World Neighbors Overseas Development Materials, 5116 No. Portland Avenue, Oklahoma City, OK 73112.

Since 1961 when the Peace Corps was created, more than 80,000 U.S. citizens have served as Volunteers in developing countries, living and working among the people of the Third World as colleagues and co-workers. Today 8000 PCVs are involved in programs designed to help strengthen local capacity to address such fundamental concerns as food production, water supply, energy development, nutrition and health education and reforestation.

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